Montana Medicaid - Fee Schedule
Public Health Clinic
July 1, 2006

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
    For example:
    26 = professional component
    TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions
    in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines,
    and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination
    Fee Sched: Medicaid fee; not determined using RBRVS payment schedule
    Medicare: Medicare-prevailing fee.
    By Report (BR): Equals 46% of billed charges
    Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of $26.25.
    RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2007 is $32.81.
    *If a valid, current code is not present, that code may be a non-covered service

Fees   The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and
    IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential
    treatment centers, comprehensive inpatient rehab facilities, and military treatment facilities.   All other sites of service receive the office rate.
    Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates.
    Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of $0.00.
    Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.
    000: Same day as procedure
    010: Same day and ten days following procedure
    090: One day prior to and ninety days following procedure
    MMM: In maternity cases, the global period is per the CPT-4 code description
    ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code
    Space: Global concept does not apply to this code

PA – Prior Authorization
    Y: Prior authorization is required
    Space - this indicator does not apply to this code

Indicators
    Mult - Multiple surgery guidelines do apply
    Bilat - Bilateral. The procedure can be done bilaterally
    Assist - Assistant. An assistant is allowed for this procedure
    Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure
    Team - A team of surgeons is allowed for this procedure
    Related - The procedure code listed is separately billable
    Y - indicator is applicable to this code
    Space - this indicator does not apply to this code
    Policy Adjust - M = Maternity, P = Mental Health, D = Profess. Differential

Please see first page for a complete description
of information contained in the fee schedules.

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Fees as of July 2006

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Mult	Bilat	Assist	CoSurg	Team	Policy Adjust
G0328	QW	FECAL BLOOD SCRN IMMUNOASSAY	1/1/2005	MEDICARE	$22.22	$0.00								
80061	QW	LIPID PANEL	1/1/2005	MEDICARE	$18.72	$0.00								
80101	QW	DYNAGEN NICCHECK I TEST STRIPS	1/1/2005	MEDICARE	$19.24	$0.00								
81003	QW	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR B	1/1/2005	MEDICARE	$3.13	$0.00								
81007	QW	URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE	1/1/2005	MEDICARE	$3.58	$0.00								
82010	QW	ACETONE OR OTHER KETONE BODIES SERUM; QUANTI	1/1/2005	MEDICARE	$11.41	$0.00								
82044	QW	ALBUMIN; URINE MICROALBUMIN SEMIQUANTITATIVE	1/1/2005	MEDICARE	$6.39	$0.00								
82055	QW	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	1/1/2005	MEDICARE	$15.10	$0.00								
82120	QW	AMINES VAGINAL FLUID QUALITATIVE	1/1/2005	MEDICARE	$5.25	$0.00								
82271	QW	OCCULT BLOOD FECES SINGLE	1/1/2006	MEDICARE	$4.54	$0.00								
82272	QW	BLOOD OCCULT PEROXIDASE	1/1/2006	MEDICARE	$4.54	$0.00								
82274	QW	ASSAY TEST FOR BLOOD FECAL	1/1/2005	MEDICARE	$22.21	$0.00								
82465	QW	CHOLESTEROL SERUM TOTAL	1/1/2005	MEDICARE	$6.07	$0.00								
82570	QW	CREATININE; OTHER SOURCE	1/1/2005	MEDICARE	$7.23	$0.00								
82679	QW	ESTRONE	1/1/2005	MEDICARE	$34.87	$0.00								
82947	QW	GLUCOSE; QUANTITATIVE	1/1/2005	MEDICARE	$5.47	$0.00								
82950	QW	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE	1/1/2005	MEDICARE	$6.64	$0.00								
82951	QW	GLUCOSE; TOLERANCE (GTT) 3 SPECIMENS (INCLUDES	1/1/2005	MEDICARE	$17.98	$0.00								
82952	QW	GLUCOSE; TOLERANCE TEST EACH ADDITIONAL BEYON	1/1/2005	MEDICARE	$5.47	$0.00								
82985	QW	GLYCATED PROTEIN	1/1/2005	MEDICARE	$16.26	$0.00								
83001	QW	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (F:	1/1/2005	MEDICARE	$25.96	$0.00								
83002	QW	GONADOTROPIN; LUTEINIZING HORMONE (LH)	1/1/2005	MEDICARE	$25.87	$0.00								
83036	QW	HEMOGLOBIN; GLYCATED	1/1/2005	MEDICARE	$13.56	$0.00								
83037	QW	GLYCOSYLATED HB HOME DEVICE	1/1/2006	BY REPORT	$0.00	$0.00								
83518	QW	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTI	1/1/2005	MEDICARE	$11.85	$0.00								
83605	QW	LACTATE (LACTIC ACID)	1/1/2005	MEDICARE	$14.92	$0.00								
83718	QW	LIPOPROTEIN DIRECT MEASUREMENT; HIGH DENSITY (	1/1/2005	MEDICARE	$11.44	$0.00								
83721	QW	ASSAY OF BLOOD LIPOPROTEIN	1/1/2006	MEDICARE	$13.33	$0.00								
83880	QW	NATRIURETIC PEPTIDE	1/1/2006	MEDICARE	$47.43	$0.00								
83986	QW	PH BODY FLUID EXCEPT BLOOD	1/1/2005	MEDICARE	$4.99	$0.00								
84450	QW	TRANSFERASE (AST) (SGOT)	1/1/2005	MEDICARE	$7.22	$0.00								
84460	QW	TRANSFERASE; ALANINE AMINO (ALT)(SGPT)	1/1/2005	MEDICARE	$7.38	$0.00								
84478	QW	TRIGLYCERIDES	1/1/2005	MEDICARE	$8.03	$0.00								
84703	QW	GONADOTROPIN CHORIONIC (HCG); QUALITATIVE	1/1/2005	MEDICARE	$10.48	$0.00								
85014	QW	BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	1/1/2005	MEDICARE	$3.32	$0.00								
85018	QW	BLOOD COUNT; HEMOGLOBIN	1/1/2005	MEDICARE	$3.32	$0.00								
85576	QW	BLOOD PLATELET AGGREGATION	1/1/2006	MEDICARE	$30.02	$0.00								
85610	QW	PROTHROMBIN TIME;	1/1/2005	MEDICARE	$5.48	$0.00								
86294	QW	IMMUNOASSAY, TUMOR QUAL	1/1/2005	MEDICARE	$27.40	$0.00								
86308	QW	HETEROPHILE ANTIBODIES; SCREENING	1/1/2005	MEDICARE	$5.73	$0.00								
86318	QW	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QU	1/1/2005	MEDICARE	$18.08	$0.00								
86618	QW	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	1/1/2005	MEDICARE	$23.80	$0.00								
86701	QW	HIV-1	1/1/2005	MEDICARE	$10.27	$0.00								
86703	QW	HIV-1/HIV-2, SINGLE ASSAY	1/1/2006	MEDICARE	$19.17	$0.00								
87077	QW	CULTURE BACTERIAL; AEROBIC ISOLATE ADDTNL MET	1/1/2005	MEDICARE	$11.28	$0.00								
87210	QW	SMEAR, WET MOUNT, SALINE/INK	1/1/2005	MEDICARE	$5.95	$0.00								

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87449	QW	INFEC. AGENT ANTIGEN DETEC/EIA; MULT STEP MTHD	1/1/2005	MEDICARE	$16.75	$0.00								
87804	QW	INFLUENZA ASSAY W/OPTIC	1/1/2005	MEDICARE	$16.75	$0.00								
87807	QW	RSV ASSAY W/OPTIC	1/1/2006	MEDICARE	$16.75	$0.00								
87880	QW	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSER	1/1/2005	MEDICARE	$16.75	$0.00								
87899	QW	INFEC AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV	1/1/2005	MEDICARE	$16.75	$0.00								

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